

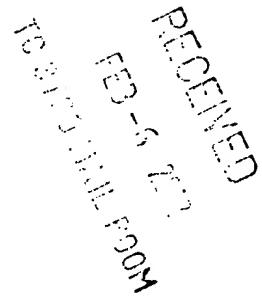
Practitioner's Docket No. 0469/129

PATENT

11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Nashner, Lewis
Application No.: 09/145,255 Group No.: 3736
Filed: 09/01/1998 Examiner: Hindenburg, M.
For: Apparatus and Method for Movement Corrdination Analysis



Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

09/27/2002 2 CERTTRA 0 Applicant is other than a small entity.

01 FEB 11 2002 \$920.00 CH

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ORIGINALLY FILED

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$920.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

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Signature

Elizabeth P. Morano
(type or print name of person certifying)

Date: January 11, 2002

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2)		(Col. 3)		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Addit. Fee	
Total	15	Minus	20	= 0	x \$18 =	\$0	
Indep.	7	Minus	10	= 0	x \$80 =	\$0	
First Presentation of Multiple Dependent Claim				+ \$270 =		\$0	
				Total			
				Addit. Fee		\$0	

- * If the entry in Col. 1 is less than the entry in Col. 2, write **0** in Col. 3,
- ** If the **Highest No. Previously Paid For** IN THIS SPACE (Column 2, Row 1) is less than 20, enter **20**.
- *** If the **Highest No. Previously Paid For** IN THIS SPACE (Column 2, Row 2) is less than 3, enter **3**.
- The **Highest No. Previously Paid For** (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$920.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.
If any additional fee for claims is required, charge Account No. 19-4972.

Date: January 11, 2002



Elizabeth P. Morano
Registration No. 42,904
Bromberg & Sunstein LLP
125 Summer Street
Boston, MA 02110-1618
US
617-443-9292
Customer No. 002101